



EPSDT

Reimbursement Policy ID: RPC.0094.5400

Recent review date: 06/2025

Next review date: 07/2026

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, mandated by the Centers for Medicare and Medicaid Services (CMS) for children younger than 21 (twenty-one) years who are enrolled in Medicaid, includes preventive and comprehensive health care services, and is designed to guarantee access to age-appropriate screening, preventive care, and treatment for children and adolescents.

Exceptions

N/A

Reimbursement Guidelines

EPSDT is made up of the following comprehensive services that are intended to find and prevent health issues:

- Screening services
 - Health and developmental history
 - Physical exam
 - Immunizations
 - Laboratory tests
 - Health education
- Vision services
- Dental services
- Hearing services
- Other necessary health care services (if coverable under the Federal Medicaid program and are found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered)
- Diagnostic services, if identified by a screening examination
- Treatment for any identified physical and mental illnesses or conditions

The District of Columbia Preventive Pediatric Health Care Periodicity Schedule is included as part of this Reimbursement Policy. Refer to the link in the Edit Sources below.

The appropriate preventive medicine CPT codes, diagnosis codes, modifiers and EPSDT referral indicators (if indicated following the preventive visit) must be included on the claim. Claims missing this information will be denied.

Diagnosis Codes for the Primary Diagnosis

Z76.1 Encounter for health supervision and care of foundling
Z76.2 Encounter for health supervision and care of other healthy infant and child
Z00.121 Encounter for routine child health examination with abnormal findings
Z00.129 Encounter for routine child health examination without abnormal findings
Include additional diagnosis code(s) for any abnormal finding.

Procedure Codes

Initial Comprehensive Preventive Evaluation and Management (new patient)

99460 Newborn Care (during admission)
99381 Age < 1 year
99382 Age 1-4 years
99383 Age 5-11 years
99384 Age 12-17 years
99385 Age 18-20

Periodic Comprehensive Preventive Medicine Evaluation and Management (established patient)

99463 Newborn (same day discharge)
99391 Age < 1 year
99392 Age 1-4 years
99393 Age 5-11
99394 Age 12-17

99385 Age 18-20

EPSDT Modifiers

- EP Complete Screen
- 52 Incomplete Screen
- 90 Outpatient Lab
- U1 Autism (Use U1 with CPT code 96110 for Autism screening. CPT code 96110 without a U1 modifier is to be used for a Developmental screening.

Failure to append EPSDT modifiers will cause claims to be processed as non-EPSDT related encounters.

Referral Indicators

- YM Medical Referral
- YD Dental Referral
- YV Vision Referral
- YH Hearing Referral
- YB Behavioral Health Referral
- YO Other Referral

Definitions

Modifier EP

Modifier EP is required for a service provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. <https://www.amerihealthcaritasdc.com/pdf/provider/billing-manual.pdf>
- VI. <https://www.amerihealthcaritasdc.com/provider/resources/epsdt.aspx>
- VII. <https://www.amerihealthcaritasdc.com/pdf/provider/epsdt-periodicity-table.pdf>
- VIII. District of Columbia Medicaid Fee Schedule(s) and associated publications.

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Reimbursement Policy Committee Approval
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Annual review No major changes
08/2024	Reimbursement Policy Committee Approval

04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section